PART B - FEE(S) TRANSMITTAL

Mete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further core indicated unless corrected to maintenance fee notification | respondence including the below or directed otherwise as. | Patent, advance of in Block 1, by (| rders and notificat a) specifying a nev | | will be mailed to the curren ss; and/or (b) indicating a ser | | | | | | | | |
|--|--|-------------------------------------|--|---|---|--|---|---|-------------------------------------|--|--|--------------------------------|----------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address). | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | | | | | |
| | 90 04/03/2006 | | | G | ertificate of Mailing or Tran | emission | | | | | | | |
| Doreen J. Gridley ICE MILLER LLP One American Squ | 07/07/2006 EAYALE | W2 00000054 1 | 10672222 | I hereby certify that States Postal Service addressed to the Mi transmitted to the US | this Fee(s) Transmittal is bein with sufficient postage for fir all Stop ISSUE FEE address PTO (571) 273-2885, on the | g deposited with the United st class mail in an envelope above, or being facsimile late indicated below. | | | | | | | |
| Suite: 3100 01 FC: 2501 Indianapolis, IN 4628 3 0501 504 | | | 388:88 G | | Bram | (Depositor's name) | | | | | | | |
| | | | 30.00 OF | | u Brane | (Signature) | | | | | | | |
| | | | | June 30/2006 (Date) | | | | | | | | | |
| APPLICATION NO. | FILING DATE | FIRST NAMED | | ENTOR . | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | | | | | | |
| 10/672,222 | 09/26/2003 | Gregory J. | | tiey | P00850-US-00 | .9781 | | | | | | | |
| TITLE OF INVENTION: SY | YSTEM AND METHOD FO | OR ANNUITY VA | LUATION | | (24824.0001) | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | | | | | | | |
| nonprovisional | YES | \$700 | | \$300 | \$1000 | 07/03/2006 | | | | | | | |
| EXAM | EXAMINER ART | | ÍΤ | CLASS-SUBCLASS | | | | | | | | | |
| BACKER, FIRMIN 30 | | 3621 | | 705-064000 | | the state of the s | | | | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR.1.363). A Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a | | | | | | | | | | |
| | | | | | | | 3. ASSIGNEE NAME AND | | | | • • • | | |
| | | | | | | | PLEASE NOTE: Unless recordation as set forth in | an assignee is identified be 37 CFR 3.11. Completion | low, no assignee of this form is NO | data will appear of I a substitute for fi | n the patent. If an assig ling an assignment. | mee is identified below, the d | ocument has been filed for |
| (A) NAME OF ASSIGNEE | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | | |
| Alliance America Corporation | | | 7602 Woodland Drive, Suite 100 Indianapolis, IN 46278 | | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the patent of the | | | | | | | | | | | | | |
| 4a. The following fee(s) are | enclosed: | 4h | . Payment of Fee(s | ١٠ | | | | | | | | | |
| Issue Fec | | | A check in the amount of the fee(s) is enclosed. | | | | | | | | | | |
| N Publication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | | |
| Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0007 (enclose an extra copy of this form). | | | | | | | | | | | | | |
| 5. Change in Entity Status | (from status indicated above MALL ENTITY status. See |). 37 CFR 1.27. | ☐ b. Applicant is | no longer claiming SMA | ALL ENTITY status. See 37 C | FR:1.27(e)(2). | | | | | | | |
| | is requested to apply the Issu ablication Fee (if required) w | e Fee and Publicat | tion Fee (if any) or i from anyone othe | | ily paid issue fee to the applications attorney or agent; or the | 7 1 2 1 2 1 | | | | | | | |
| Authorized Signature | Dow | W.C | ridley | Date | 6/30/06 | ş | | | | | | | |
| Typed or printed name | Doreen J. G | ridle <u>y</u> | <u> </u> | Registration | No. /35,167 | | | | | | | | |
| Wickerinist AliBilia 55212-1 | 1420, | | | | the public which is to file (an minutes to complete, includin omments on the amount of til I Trademark Office, U.S. Dep IS. SEND TO: Commissioner displays a valid OMB control | | | | | | | | |